

512127

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.  APPLICANT(S)	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2	1		1					
3		2		2				
4		2		2				
5	1		1					
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7		2		2				
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TOTAL IND.		↓	4	↓		↓		
TOTAL DEP.		←	9	←		←		
TOTAL CLAIMS			13					